## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Sche	edule E)		PAGE 1 OF 2 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)					
INDIANA JOBS NOW			C C00603159		
			C 00003139		
Check if 24-hour report 48-hour report New report Amends report filed on					
Fu	III Name of Payee		Date of Public Distribution/Dissemination		
			04 22 2016		
М	ailing Address 66 CANAL CENTER PLAZA		Amount		
	SUITE 555	7: 0 !	10000 00		
- 1	ity State  LEXANDRIA VA	Zip Code 22314	13200.00 Transaction ID : SE.4226		
	,		Date of Disbursement or Obligation		
	urpose of Expenditure MEDIA	Category/ Type 004	04 / 20 / Y Y Y Y		
N	ame of Federal Candidate	X Support	Office Sought:   House District: 09		
T	REY HOLLINGSWORTH	Oppose	President Senate State: IN		
	Calendar Year-To-Date Per Election for Office Sought	458487.09	Disbursement For:		
Fi (	ull Name of Payee CROSSROADS MEDIA LLC		Date of Public Distribution/Dissemination		
_	letter Address		04 22 2016		
IV	lailing Address 66 CANAL CENTER PLAZA		Amount		
	SUITE 555 ity State	Zip Code	26800.00		
- 1	ity State  ALEXANDRIA VA	22314	Transaction ID : SE.4227		
P	urpose of Expenditure	Catagony	Date of Disbursement or Obligation		
N	MEDIA	Category/ Type 004	04 20 2016		
- 1	ame of Federal Candidate	Support	Office Sought:		
L	RIN HOUCHIN	X Oppose	President Senate State: IN		
	Calendar Year-To-Date Per Election for Office Sought	485287.09	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c)	TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
_		onically Filed] Date	9 04 22 2016		
	Signature				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)  FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)    STATE   STATE				
INDIANA JOBS NOW	C C00603159			
	U I I I I I I I I I I I I I I I I I I I			
Check if $X$ 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee SRCP MEDIA INC. PRODUCTION	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 201 N UNION ST	04 22 2016			
SUITE 200	Amount			
City State Zip Code	850.74			
ALEXANDRIA VA 22314	Transaction ID : SE.4224  Date of Disbursement or Obligation			
Purpose of Expenditure MEDIA PRODUCTION  Category/ Type  004	04 22 / 2016			
Name of Federal Candidate Support O	ffice Sought: X House District: 09			
TREY HOLLINGSWORTH Oppose	President Senate State: IN			
	isbursement For:			
Full Name of Payee	Date of Public Distribution/Dissemination			
SRCP MEDIA INC. PRODUCTION	04 22 2016			
Mailing Address 201 N UNION ST				
SUITE 200	Amount			
City State Zip Code	1727.26			
ALEXANDRIA VA 22314	Transaction ID : SE.4225  Date of Disbursement or Obligation			
Purpose of Expenditure MEDIA PRODUCTION  Category/ Type  004	04 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support C	iffice Sought:     House District: 09			
ERIN HOUCHIN Oppose	President Senate State: IN			
	isbursement For:			
Other (specify) >				
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	42578.00			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
MICHELE REISNER  [Electronically Filed] Date	04			
Signature				